

OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four Each page is to be signed and then				• • • • • •	• • • • • • • • • • • • • •			
Complete Legal								
Name of Student			Date of Birth//					
			Male		Female			
MET #(Manitoba Education	No.)	_						
		Curr	Current Grade Level					
NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)			
Program Currently Enrolled In (Check One)								
Program Applied (Check One)								
For information	on courses	and placem	ent, please	contact the s	chool of choice.			
School Currently Attended			Schoo	ol Division/Dist	rict			
School of Choice			Schoo	ol Division/Dist	rict			
Name of School Division/District	t in which yo	u currently re	eside					
School Year Being Applied for_				Gr	ade			
Names of Parent(s)/Guardian(s)_								
Mailing Address				Po	stal Code			
Home Address/Location: (select	one)							
Same As Mailing Address								
Street Address:								
Legal Description of Propert (ex: section, township, range								
Telephone #(s) at Work at Home								
Signature of Parent/Guardian/ Age of Majority Student				Date				
PARENT/GUAR and send to the principal of					·			
N.B.: This is an application form should be directed to the				s concerning e	eligibility for transportation			
OFFICE USE ONLY (To be comp	oleted by th	e School of	Choice)					
Date Received								
Accept Yes No Date Effective								
School to be Attended Grade Level								
School Division/District								
Name of School Principal								
Principal's Signature			Date)				
RECEIVING SCHOOL : This f	orm must be	completed ar	nd copies dist	tributed as indic	cated no later than June 30.			



OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four Each page is to be signed and then								
Complete Legal			citotee.					
Name of Student			Date of Birth/					
				day				
MET #(Manitoba Education	No.)	=	Male	Э	Female			
(Warnessa Education 1965)			Current Grade Level					
NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)			
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School of Choice			Schoo	ol Division/Dis	trict			
Name of School Division/District	t in which yo	u currently re	eside					
School Year Being Applied for_				G	rade			
Names of Parent(s)/Guardian(s)_								
Mailing Address				Po	ostal Code			
Home Address/Location: (select	one)							
Same As Mailing Address								
Street Address:								
Legal Description of Propert (ex: section, township, range								
Telephone #(s) at Work at Home								
Signature of Parent/Guardian/ Age of Majority Student				[Date			
					mplete this form oplication form per student).			
N.B.: This is an application form should be directed to the				ns concerning	eligibility for transportation			
OFFICE USE ONLY (To be comp	oleted by th	e School of	Choice)					
Date Received								
ccept Yes No Date Effective								
School to be Attended Grade Level								
School Division/District								
Name of School Principal								
Principal's Signature			Date	<u> </u>				
COPY TO	RECEIVING S				PLIRPOSES)			



OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four Each page is to be signed and then				• • • • • •	• • • • • • • • • • • • • •			
Complete Legal								
Name of Student			Date of Birth//					
			Male		Female			
(Manitoba Education	MET #(Manitoba Education No.)							
		Curr	Current Grade Level					
NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12	Other (please specify)			
Program Currently Enrolled In (Check One)								
Program Applied (Check One)								
For information	on courses	and placem	ent, please	contact the s	chool of choice.			
School Currently Attended			Schoo	ol Division/Dist	rict			
School of Choice			Schoo	ol Division/Dist	rict			
Name of School Division/District	t in which yo	u currently re	eside					
School Year Being Applied for Grade								
Names of Parent(s)/Guardian(s)_								
Mailing Address				Po	ostal Code			
Home Address/Location: (select	one)							
Same As Mailing Address								
Street Address:								
Legal Description of Propert (ex: section, township, range								
Telephone #(s) at Work at Home			ome					
Signature of Parent/Guardian/ Age of Majority Student Date				Date				
PARENT/GUAR and send to the principal of								
N.B.: This is an application form should be directed to the			,	s concerning 6	eligibility for transportation			
OFFICE USE ONLY (To be comp	oleted by th	e School of	Choice)					
Date Received								
Accept Yes No Date Effective								
School to be Attended Grade L				de Level				
School Division/District								
Name of School Principal								
Principal's Signature			Date)				
COPY TO HO	ME SCHOOL	DIVISION/D	ISTRICT (RFT	AIN FOR AUDI	T PURPOSES)			



OUT-OF-DIVISION/DISTRICT

Complete, then print this form; four Each page is to be signed and then	(4) identical p	pages will prin		• • • • • •	• • • •	• • • •	• • • • • • • •	
Complete Legal	Submitted to	tile sellool of	crioice.					
Name of Student Surname, Given Names (in full)			Date	e of Birth	/_	/		
Surname	, Given Names	(in full)		da	эy	month	year	
MET #(Manitoba Education	N/ \	_	Male	e		Female		
(Manitoba Education	No.)		Curr	ent Grade Le	evel			
NAME OF PROGRAM	English K-12	Français K-12	French Immersion K-12	Technology Ed. 9-12		Other (ple	ease specify)	
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Program Applied (Check One)								
For information	on courses	and placem	ent, please	contact the	schoo	of choic	e.	
School Currently Attended			Schoo	ol Division/Di	strict _			
School of Choice	School of Choice School Division/District							
Name of School Division/District	in which yo	u currently re	eside					
School Year Being Applied for Grade								
Names of Parent(s)/Guardian(s)_								
Mailing Address				P	Postal C	Code		
Home Address/Location: (select	one)							
Same As Mailing Address								
Street Address:								
Legal Description of Propert (ex: section, township, range	y on Which I e, lot, block,	Home is Loca plan, etc.) _	ated					
Telephone #(s) at Work			at H	_ at Home				
Signature of Parent/Guardian/ Age of Majority Student Date					Date _			
PARENT/GUAR and send to the principal of								
N.B.: This is an application form should be directed to the				s concerning	g eligib	ility for tra	ansportation	
OFFICE USE ONLY (To be comp	oleted by th	e School of	Choice)					
Date Received								
Accept Yes	No		Date	Effective				
School to be Attended			Grac	de Level				
School Division/District								
Name of School Principal								
Principal's Signature			Date					
	COF	PY TO PAREN	T(S)/GUARDI	AN(S)				

Ce formulaire existe également en français.